



Last Updated: 03/09/2022

## FAMIS MOMS Enrollees - How to Apply for Newborn Coverage

The purpose of this memorandum is to provide additional information to hospitals, pediatricians, and MCOs about newborn coverage for infants born to women enrolled in FAMIS MOMS. For detailed information about FAMIS MOMS, refer back to the July 8, 2005, DMAS Medicaid Memo ([http://www.dmas.virginia.gov/downloads/pdfs/mm--famis\\_07-08-05.pdf](http://www.dmas.virginia.gov/downloads/pdfs/mm--famis_07-08-05.pdf)).

FAMIS MOMS provides coverage for pregnant women with income greater than 133% but less than or equal to 150% of the Federal Poverty Level (FPL) and offers these previously uncovered women the same coverage that pregnant women currently receive from the Virginia Medicaid program. There will be no differences in covered services, service limitations, and pre- authorization requirements for recipients covered by these programs. FAMIS MOMS will use the same system (fee-for-service and MCOs) as Virginia Medicaid. Providers will use the same billing codes and billing procedures they currently use for services provided to a pregnant woman covered by Medicaid under both fee-for-service (FFS) and MCOs. All providers who are approved to bill for Medicaid services to pregnant women are also approved to bill for services in the same manner for a woman enrolled in FAMIS MOMS.

**Delivery expenses are covered for FAMIS MOMS enrollees. Once the baby of a FAMIS MOMS enrollee is born, however, the child will not automatically be covered by FAMIS or Medicaid. This includes the hospitalization, obstetrician, and any pediatrician claims incurred at the time of the baby's birth. Unlike a pregnant woman covered by Medicaid, the FAMIS MOMS mother must complete an application for the baby's coverage following the birth by contacting the FAMIS Central Processing Unit (CPU) at 1-866-87FAMIS, the local Department of Social Services (DSS) office, or by applying online at [www.famis.org](http://www.famis.org).**



## MEDICAID MEMO

Failure to complete an application may result in no coverage for the newborn. As such, a signed application should be filed as soon as possible after the child's birth. If the newborn is found to be eligible for Medicaid, medical expenses may be covered retroactively for up to three months

prior to the date of application but no earlier than the child's birth date. If the child is eligible for FAMIS, coverage can begin no earlier than the month of application.

In an effort to facilitate the submission of applications for newborns of FAMIS MOMS enrollees, the FAMIS CPU will mail a pre-printed application to each FAMIS MOMS recipient 30 days prior to her expected delivery date. DMAS encourages providers to assist FAMIS MOMS recipients in faxing these applications directly to the FAMIS CPU at 1-888-221-9402 after delivery. Prior to faxing the application, please make sure the application is signed and includes the newborn's name and date of birth. Contact the FAMIS CPU or the local DSS office about the FAMIS MOMS program as well as for assistance and guidance in getting newborns evaluated for Medicaid and FAMIS coverage. MCOs covering FAMIS MOMS enrollees will also contact the enrollee before her delivery to remind her to contact the FAMIS CPU or local DSS office to apply for coverage for her baby.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.



# MEDICAID MEMO

## **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

## **“HELPLINE”**

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid provider identification number available when you call.

## **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing,



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# MEDICAID MEMO

new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](https://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.